OFFICIAL FILE FORMAL COMPLAINT

ORIGINAL JLLINOIS

COMMERCE COMMISSION

ILLINOIS COMMERCE COMMISSIONIII Nois Commerce Commission
527 East Capitol Avenue

Aug 17 3 35 PH '01

Springfield, Illinois 62794-9280

| CHIEF OF COMMISSION USE Only: |
|---|
| Regarding a complaint |
| by YI-CHENG CHANG PATTI LEUNG (Person making the complaint) Case |
| |
| against (Utility name) |
| |
| as to SEE THE ATTACHED (TOTAL & PAGES) |
| (Reason for complaint) |
| inIllinois. |
| |
| TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS: |
| |
| My mailing address is 6215 WESTERN AV. CLARENDON HILLS 1L 60514 The service address that I am complaining about is 211 W. 22ND PL. CHICAGO |
| |
| 1L 60616 |
| My home telephone number is [630] 986-5-956 312-808-1020 |
| Between 8:30 a.m. and 5:00 p.m. weekdays I can be reached at [630 1926 - 8007 , 630 - 986 - 593 - 6] |
| (respondent) is a public utility and is subject to the provisions of |
| (Full name of utility company) |
| the Illinois Public Utilities Act. |
| In the space below, list the specific section of the law, Commission rule(s), or utility tariffs which you think are involved with you complaint. |
| |
| (DO NOT. KNOW) |
| |
| |
| |
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| |
| Wes No |
| Have you contacted the Consumer Affairs Division of the Illinois Commerce Commission aboutYesNo this complaint? |
| Has your complaint filed with that office been closed? Do NOT KNOW!YesNo |

| Please state y | our compl | aint briefly. Number each of the paragraphs. Pleas aplaint. Use an extra sheet of paper, if needed. | | 5 · · | u f a | |
|----------------|-----------|--|-----------|-------|-------|-----|
| SEE | THE | ATTA CHED | , * · · · | | | . 6 |
| | | | | | | |

| Please clea | arly state wh | at you want the Commission to do in this case. | |
|------------------------------|-----------------------------|--|---------|
| SEE | THE | ATTACHED. | |
| Date: | 8-1 | 3-0 h, day, and year) | |
| Complaina | | · Gelly Clay | |
| If you will I | be represen | ted by an attorney, please give the attorney's name, address, and telephone number. | |
| You need t each utility | o file the or complained | ginal and three copies of this form with the Commission and also provide the Commission one labout (referred to as respondents). | copy fo |
| | | VERIFICATION | |
| | | vatch you fill out this part of the form. | |
| I, <u>//</u> it says. The | CHEV contents of | this petition are true to the best of my knowledge. | w what |
| 14- | ho | 20er | |
| V | (Signaty | ∮€) | |

Failure to answer all of the questions on this form may result in this form being returned to you without processing. If you have questions, please call the counselor in the Consumer Affairs Division that handled your informal complaint.

"OFFICIAL SEAL"

Norman Quizon Notary Public, State of Illinois

My Commission Expires 10-26-04

cc207/07

NOTE:

Subscribed and sworn/affirmed to before me this ____

Notary Public, Illinois